

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28555

State File No.

2523

Registrar's No.

FILED SEP 8 1951		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 2523					
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			c. LENGTH OF STAY (In this place) 3 Hour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy			4181					
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Johns Hospital					d. STREET ADDRESS (If rural, give location) 7529 Hillsdale Drive								
3. NAME OF DECEASED (Type or Print) James			a. (First)		b. (Middle) Elbert		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) Aug. 23rd, 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 26th, 1894		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 5 Days 27		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Protection				10b. KIND OF BUSINESS OR INDUSTRY Carter Carb. Co.		11. BIRTHPLACE (State or foreign country) Perry County, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Felix Ernest Moore				13b. MOTHER'S MAIDEN NAME Sarah Tucker				14. NAME OF HUSBAND OR WIFE Ollie Moore nee Bass					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ollie Moore, 7529 Hillsdale Drive							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 Day			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200									
22. I hereby certify that I attended the deceased from 2-2, 1951, to 2-23, 1951, that I last saw the deceased alive on 8-14, 1951, and that death occurred at 6:12 a.m., from the causes and on the date stated above.													
23a. SIGNATURE A. R. Finskel MD					23b. ADDRESS 3604 Washington			23c. DATE SIGNED 8-24-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial-Motor		24b. DATE 8/27/51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		24d. LOCATION (City, town, or county) (State) Perryville, Missouri							
DATE REC'D BY LOCAL REG. AUG 24 1951		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.								

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3604 Washington Bl.
11th St. and Broadway

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ralph C. Linsler

Signed _____
Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.